

# Statement of Organization Recipient Committee

## Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee

Date qualified as committee  
(if applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

Type or print in ink

1352570

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

OCT 08 2012

Hand Delivered, Sacramento  
Debra Bowen, Secretary of State

## STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM 410

For Official Use Only

REAR

## 1. Committee Information

NAME OF COMMITTEE

David Dobson for Burbank USD 2013

Trustee

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 (818) 439-0720

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

David N. Dobson

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 (818) 439-0720

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

David N. Dobson

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 (818) 439-0720

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/8/2012  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on 10/8/2012  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **410**

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COMMITTEE NAME *Trustee*  
David Dobson for Burbank USD 2013

I.D. NUMBER

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
David N. Dobson	Trustee, Burbank Unified School District	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
tbd	tbd	tbd
ADDRESS	CITY	STATE ZIP CODE
tbd	tbd	CA tbd

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE